



STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF PENSIONS AND BENEFITS  
NJWELL  
PO BOX 299, TRENTON, NJ 08625-0299

### NJWELL Wellness Champion Designation Form

We need your help in making NJWELL a success by identifying a Wellness Champion for your Location. A Wellness Champion is a colleague who is passionate about health and wellness, is comfortable encouraging people to participate, and can help you promote the program.

Please list a Wellness Champion and a Wellness Champion Alternate for your location:

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*Wellness Champion's Name*

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*Work Address*

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*Phone Number*

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*Email Address*

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*Wellness Champion's (Alternate) Name*

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*Work Address*

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*Phone Number*

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*Email Address*

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Certifying Officer's Location: \_\_\_\_\_

Certifying Officer's Location Number: \_\_\_\_\_

Certifying Officer's Name (printed): \_\_\_\_\_

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*Certifying Officer's Signature*

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*Date*

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*Work Address*

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*Phone Number*

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*Email Address*

PLEASE RETURN THIS FORM TO:

**Email:** [NJWELL@treas.state.nj.us](mailto:NJWELL@treas.state.nj.us)

**Fax to:** (609) 341-3412

**Mail to:** PO BOX 299, Trenton, NJ 08625-0299 **Attn:** NJWELL